

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

Substitute for Form PTO-1360  
(For use with Form PTO/SB/06)

09942835

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1					/	
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3						/
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7					/	
8						/
9						/
10						/
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14						/
15						/
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17					/	
18					/	
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total indep					7	
total depend					11	
total claims					18	

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	Indep	Depend	Indep	Depend	
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Total indep					
Total Depend					
Total Claims					

# CLAIMS ONLY

Application Number

09942835

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1					/	
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3						/
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Total Indep					7	
Total Depend					11	
Total Claims					18	

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